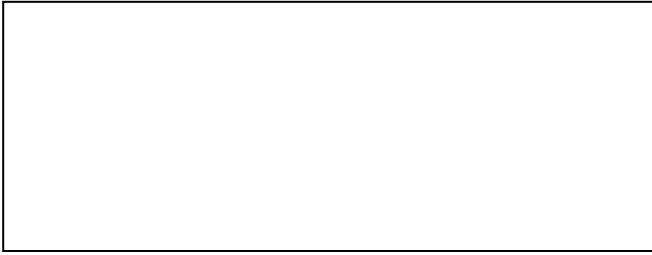




Town of
Brookhaven
Long Island



Dear O'65 Partial Renewal Exemption Applicant:

Senior citizens who have received the O'65 Partial Exemption, for 5 consecutive years, and whose total gross income has not changed, may **RENEW** yearly by submitting a completed, notarized affidavit **without** providing proof of income (RP-467-AFF/CTV).

IF YOU ARE NOT CURRENTLY RECEIVING THE STAR EXEMPTION WITH THE TOWN OF BROOKHAVEN, YOUR STAR EXEMPTION MUST BE FILED WITH THE NYS DEPARTMENT OF TAXATION & FINANCE @ 518-457-2036 OR WWW.TAX.NY.GOV/STAR

******PHOTOCOPY & NOTARY SERVICES ARE NOT AVAILABLE AT TOWN HALL******

IF NOTARIZING:

COMPLETE ATTACHED AFFIDAVIT, SIGN, NOTARIZE, AND RETURN. (INCOME DOES NOT HAVE TO BE SUPPLIED IF NOTARIZED)

IF YOU DO NOT WISH TO HAVE THIS FORM NOTARIZED OR, IF YOUR TOTAL GROSS INCOME HAS CHANGED:

- **ALL OWNERS AND SPOUSES MUST COMPLETE AND SIGN THE AFFIDAVIT**
- **SUPPLY PHOTOCOPIES OF ALL INCOME FROM EITHER 2019 OR 2020**

COMPLETE STATE & FEDERAL TAX RETURNS WITH SUPPORTING 1099'S AND IRA EARNINGS IF APPLICABLE
ALL INCOME MUST BE FROM SAME TAX YEAR

**MAY BE FILED NOW,
UP TO BUT NO LATER THAN MARCH 1ST, 2021.**

******* BROOKHAVEN TOWN HALL REMAINS CLOSED TO THE PUBLIC*******

Application Accepted:

Lobby drop off only:
Monday through Friday
9:00AM to 4:30PM

Mail: Must be POSTMARKED no later than March 1st.
Assessor's Office / Senior
One Independence Hill
Farmingville, NY 11738

**** WHEN MAILING, REGISTERED/RETURN RECEIPT IS RECOMMENDED****

Approval:

If this exemption is approved, the savings will be applied to the **December tax bill**.

Denial:

Notice of Denials will be mailed to applicants by May 1st.

Mandatory Renewing:

The O'65 Partial Renewal Affidavit exemption must be renewed each year by March 1st. Approved exemptions will automatically receive a renewal application for the following year. Please call our office if you do not receive your renewal by January 1st.

Receipt:

Please complete and return the attached post card "**Receipt**" with your application. It will be "**Date Stamped**" and returned to you.



O'65 PARTIAL RENEWAL AFFIDAVIT

**IF YOU ARE NOT CURRENTLY RECEIVING THE STAR EXEMPTION WITH
THE TOWN OF BROOKHAVEN,
YOUR STAR EXEMPTION MUST BE FILED WITH
THE NYS DEPARTMENT OF TAXATION & FINANCE
@ 518-457-2036 OR WWW.TAX.NY.GOV/STAR**

KEEPING US INFORMED

Please remember, when completing your annual renewal application, to provide us with your **latest** personal contact information; such as, your home phone number, cell number, email address, mailing address, etc....

By providing this information, we will have the ability to contact you concerning any changes to your real property tax exemptions.

ANY ADDITIONAL CHANGES MUST BE REPORTED TO THE ASSESSOR'S OFFICE PROMPTLY:
It is the responsibility of the property owner or their next of kin/power of attorney to notify this office of **ALL** important changes/updates. Proof is required for any changes in: **income, ownership, trust, marital status, death, or primary residence.**

**IF YOUR GROSS INCOME HAS CHANGED,
YOU MUST SUPPLY ALL INCOME WITH THIS AFFIDAVIT**

DEADLINE FOR FILING IS NO LATER THAN MARCH 1st, 2021.

The Affidavit MUST be NOTARIZED.

*******NOTARY SERVICES ARE NOT AVAILABLE AT TOWN HALL*******

Thank you for keeping us up to date, so that we may better serve you.

Thank You,

Richard P. DeBragga
Richard P. DeBragga
Assessor

For information or questions:
Office of the Assessor
One Independence Hill
Farmingville, NY 11738
631-451-6300



Town of
Brookhaven
Long Island

NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES
AFFIDAVIT OF CONTINUED ELIGIBILITY FOR
SCHOOL/TOWN/COUNTY PARTIAL TAX EXEMPTION FOR
REAL PROPERTY OF SENIOR CITIZENS

Do not file this form with the Office of Real Property Tax Services.

(General information and instructions for completing this form are contained in RP-467-AFF/CTV-Ins.)

State of New York:

County of Suffolk:

Name of all owners & spouses:

, being duly sworn depose(s) and say(s)

1. I am/we are the owner(s) of real property located at:
Street address _____, City/Town of _____, State of New York.
2. Home/Cell#: _____ Email address: _____
3. Mailing address (if differs from property address): _____
4. Suffolk County Tax Map #: _____
(not required if preprinted above) District Section Block Lot
or Name of Co-op: _____ Total shares: _____ Shares to the unit: _____
5. Has there been a change of the total gross income of all owners & spouses for last year? Yes ☐ No ☐
If yes, please submit copies of ALL income from 2019 or 2020.
6. Since filing your application or affidavit last year, please check the appropriate answer below:
a. Has there been a change of ownership: Yes ☐ No ☐
b. Has there been a change in marital status: Yes ☐ No ☐
c. Has there been a change in residential use of the property: Yes ☐ No ☐
7. Are there any school aged children residing on the premises that attend public school in Grades K – 12? Yes ☐ No ☐
- 7a. If there was a child(ren) that resided on the premise on your last application and they no longer reside or attend public school from the prior year, an official letter from the school district stating that there are no longer any students registered for school at your address. Submit the letter with your application to receive exemption off the school line.
8. Does the owners or spouse of, own any other property in New York, or any other state(s) being claimed as a primary residence, are receiving a residency tax benefit, such as STAR or Homestead Exemption? Yes ☐ No ☐

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON BACK & ATTACH DOCUMENTATION

***** NOTARY SERVICES ARE NOT AVAILABLE AT TOWN HALL *****

NOTARIZED SIGNATURES for ALL OWNERS and SPOUSES of,
are REQUIRED for APPLICATION TO BE COMPLETE.
FAILURE TO DO SO WILL RESULT IN DENIAL OF THE EXEMPTION.

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. The property listed on this application is owned by and is my (our) primary residence. I (we) understand it is my (our) obligation to notify the Assessor of any changes; not limited to, relocation, primary residency, marital status, or ownership/deed modifications. I (we) understand it is my (our) responsibility to provide any required documentation of eligibility. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five (5) years and a fine of not more than \$100.

First Name	M.I.	Last Name	Date of Birth	Marital Status	Signature	Date
First Name	M.I.	Last Name	Date of Birth	Marital Status	Signature	Date

Subscribed to and sworn to before me,
this ____ day of _____, 20__

Notary Public or Commissioner of Deeds

AFFIX STAMP HERE



Town of
Brookhaven
Long Island

Department of the Assessor
One Independence Hill
Farmingville, NY 11738

FILL IN NAME AND ADDRESS IN BOX BELOW

INSTRUCTIONS

Form RP-467Aff no longer serves as a dual application for the Enhanced STAR exemption. Form RP-467AFF/CTV is only used to apply for the Partial tax exemption for real property of senior citizens. It may not be used to apply for the Enhanced STAR exemption, which is a separate exemption. Senior Affidavit applicants filed a MANDATORY form RP-425-IVP provided by the Town of Brookhaven by March 1st, 2021. This form was to give the State of New York Department of Taxation and Finance permission to see and approve each year’s income for the Enhanced Star portion of your yearly property taxes. Any questions pertaining to the Enhanced Star portion must be directed to the State at www.tax.ny.gov/STAR or call 518-457-2036. The RP425-IVP form is a ONE TIME FILING, if you have already filed you do not have to file again.

Instructions to Statement No. 5

Gross income is arrived by adding all taxable and non-taxable income, including earnings on IRA’s. The income for “last year” as used in this statement refers to income received during the income tax year, or, if no income taxes were paid, the calendar year immediately preceding the taxable status date of the assessment roll on which this municipal tax bill is based. Taxable status date in most towns is March 1st. * **Maximum** for Brookhaven Township cannot exceed \$37,399.99. Riverhead SD only, cannot exceed **\$34,399.99**

Instructions to Statement No. 6

A previously granted exemption may be continued despite the absence of one owner from the residence provided that (1) an exemption was granted when both the spouses resided in the residence, **and** (2) title is in either or both spouses, or in either or both ex-spouses, and (3) the person remaining in the property is at least 62 years of age, **and** (4) all other requirements of the law are satisfied. Similarly, if this property received exemption last year, but one owner has since died, the exemption may be continued if the surviving spouse is at least 62 years of age. File form RP-467-RNW with the Assessor before the next taxable status date and describe the change(s) in circumstances.

Instructions to Statement No. 7

An owner must disclose if any school aged children of the owner, tenant, or lessees reside on the property and attends public school in grades kindergarten through twelfth grade. If there are **NO LONGER** any child(ren) attending public school, an official letter from the school stating that there are no child(ren) registered to your address attending school, must be submitted. If child/children do live at the residence, list the names, ages, and locations of school(s) **BELOW**, in the **REMARKS** portion.

Instructions to Statement No. 8

An owner must disclose if there is any other property owned by them in which an exemption is granted, and in which primary residence is claimed to such property.

Instructions for Signature Section

The signature section must be signed and notarized by all owners and spouses of.
Failure to comply with the above, will result in a denial of the exemption.

***** **NOTARY SERVICES ARE NOT AVAILABLE AT TOWN HALL** *****

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ON YOUR AFFIDAVIT,
PLEASE EXPLAIN & ATTACH DOCUMENTATION

REMARKS:

NOTE TO TAX COLLECTOR: If received, please forward to the **TOWN ASSESSOR’S OFFICE**.

TOWN OF BROOKHAVEN
O’65 PARTIAL AFFIDAVIT RENEWAL
RECEIPT

Suffolk County Tax Map # or Name of Co-op

Item #

